

Columbia County, Florida

Electric Service Affidavit

*Required for NEW
Electric Service ONLY



Property Information

Applicant/Affiant Name: Tommy Dyer / Kathryn DuPree
(MUST BE CONTRACTOR OR OWNER)
Subject Property Address: 220 NW Testament Ct.
City/State: Lake City, FL Zip Code: 32055
Parcel ID (if known): 31-23-04807-102 (24254)



Scan QR Code to
make application

Affidavit

I, the undersigned affiant, being first duly sworn, hereby state and acknowledge the following:

1. Eligibility & Authority

- I am eighteen (18) years of age or older, and I am the property owner, authorized agent, or licensed contractor requesting electrical service for the above property.

2. Intended Use of Service

- Electrical service is requested for the following purpose: Arena lights, gates
 - Amps Requested: 200 AMP
 - Intended Use (Residential/Non-Residential/Other): Residential
- Affiant agrees the electrical service will not be used for any other purpose unless additional approvals and/or permits are first obtained.

3. Regulatory compliance

- I understand that this request is subject to compliance with:
 - Columbia County Land Development Regulations (LDRs)
 - Chapter 553, Florida Statutes (Florida Building Code)
 - Chapter 489, Florida Statutes (Contractor Licensing)
 - Florida Department of Health / Environmental approval for non-residential service where applicable

4. Misrepresentation

- Any misrepresentation or use of electrical service for unapproved purposes may result in the County requesting the utility provider to disconnect service without further notice

5. Inspection & Access

- Columbia County Building and Zoning Department personnel may enter the property at reasonable times, after notice to the owner/affiant, to verify compliance with all deed restriction

6. Responsibility & Indemnification

- I understand that it is my responsibility to ensure compliance with all deed restrictions, homeowners' association rules, and private covenants
- I release and hold harmless Columbia County, its officers, and employees from any liability arising from the granting of this electrical service affidavit

Owner's Phone Number: 352-363-3321

904-708-4149

Owner's Printed Name: Tommy Dyer

Kathryn DuPree Kathryn DuPree

Owner's Signature: [Signature]

Date: 09/15/2026

NOTARY PUBLIC ACKNOWLEDGMENT (Required)

STATE OF: Florida

COUNTY OF: Columbia

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 15th day of September, 2026, by Tommy Dyer & Kathryn DuPree, who is ☒ personally known to me or ☐ has provided the following identification: _____

Notary Public Printed Name: Carri L Sessoms (Seal)

Notary Public Signature: [Signature]



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